

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SUPPORT FOR A LAMP CAPSULE AND END-OF-LIFE DEVICE, LAMP INCLUDING
SUCH CAPSULE, AND METHOD OF COUPLING LAMP CAPSULE AND END-OF-LIFE
DEVICE TO SUCH SUPPORT

identified as attorney docket number 01-1-447, the specification of which [X] is attached hereto.
[] was filed on _____ as Appln. Serial No. _____ and was amended
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with title 37, Code of Federal Regulations, Section 1.56(a).

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

William E. Meyer
Reg. Nos. 30,719
OSRAM SYLVANIA Inc., 100 Endicott Street, Danvers, MA 01923

Address all telephone calls to (978) 750-2384.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST JOINT INVENTOR, Michael R. Kling

Signature Michael R. Kling Date 9-25-01

Residence: 3316 Cheltenham Drive, Lexington, KY 40509

Post Office Address: Same as above.

Citizenship: U.S.A.

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